

BERMITE

13 January 1986

Bermite Division
Whittaker Corporation
22116 West Soledad Canyon Road
Saugus, California 91350
805/259-2241 213/629-1403
TWX 910-336-1117

Whittaker

CA D 064573 108

Department of Health Services
of the State of California
Toxic Substances Control Division
714 P Street
Sacramento, CA 95814

Gentlemen:

A review of operations regarding the need to utilize company vehicles for transport of Hazardous Waste has been conducted and determined that Bermite does not presently require a Hazardous Waste Haulers Permit.

Please cancel haulers registration number 0800 assigned to Bermite and the Hazardous Waste Permits for the following vehicles/containers.

| <u>MAKE</u> | <u>BODY TYPE</u> | <u>LICENSE OR CONTAINER NUMBER</u> |
|-------------|------------------|--|
| Fruehauf | Trailer #103A | UE-3542 |
| Chevrolet | Truck #168 | IH-78283 |
| Chevrolet | Truck #171 | 2B-38188 |
| Chevrolet | Van #172 | IM-31564 |
| Chevrolet | Van #173 | IR-45414 |

Please note that the license number for vehicle #171 is listed on the application form as 2B-38187 and is incorrect. The correct license number for vehicle #171 is 2B-38188.

A copy of our application and certificate of insurance is attached for your information, review and action.

Should you require additional information, please contact me at (805) 259-2241.

Sincerely,



Thomas J. Bloom
Director Environmental Affairs

TJB:ak

cc: Bob Rummel/Corporate
DOHS LA
EPA Region 9

Check one

APPLICATION FOR VEHICLE/CONTAINER INSPECTION ☒APPLICATION FOR VEHICLE/CONTAINER REINSPECTION ☐

Phone (805) 259-2241

Firm Name Bermite Division of Whittaker CorporationContact Person Chuck BoundsInspection Address 22116 West Soledad Canyon Road, Saugus, CA. 91350

Street

City

Zip

LIST VEHICLES AND CONTAINERS USED TO HAUL HAZARDOUS WASTES

Hauler Registration No. 800

| Make | Body Type | License or Container Number | Vehicle Fees | Inspection Fees | CHP USE ONLY (Cert. No./DOT No.) |
|--|---------------|--------------------------------|-----------------|----------------------|--|
| | | | | Vehicle or Container | |
| Fruehauf | Trailer #103A | UE3542 | -0- | \$50 or \$25 | |
| | | | | \$50 or \$25 | |
| Chevrolet | Truck #168 | 1H78283 | -0- | \$50 or \$25 | |
| Chevrolet | Truck #171 | 2B38187 | -0- | \$50 or \$25 | |
| Chevrolet | Van #172 | 1M31564 | -0- | \$50 or \$25 | |
| Chevrolet | Van #173 | 1R45414 | -0- | \$50 or \$25 | |
| | | | | \$50 or \$25 | |
| | | | | \$50 or \$25 | |
| | | | | \$50 or \$25 | |
| | | | | \$50 or \$25 | |
| | | | | \$50 or \$25 | |
| | | | | \$50 or \$25 | |
| | | | | \$50 or \$25 | |
| | | | | \$50 or \$25 | |
| TOTAL VEHICLE FEES | | | | | |
| (Enter here and on EH 187 unless additional vehicle) | | | | \$250.00 | TOTAL INSPECTION FEES (Enter here and on EH 187 unless additional vehicle) |

APPLICANT CERTIFICATION

I certify under penalty of perjury that to the best of my knowledge and belief the vehicle(s) and container(s) described above conform to the requirements of Section 66434(b), Title 22, California Administrative Code.

Douglas B. Moore
Typed or Printed Name

Signed

Douglas B. Moore President
Position

Date

CHP USE ONLY

Approval Recommended:

Remarks, if denied:

Signature MCS

Zone

Date

APR 30 1995

HAZARDOUS WASTE HAULER APPLICATION

| | | |
|--|---|--|
| Firm Name Bermite Division, Whittaker Corporation DBA (If Any) | | |
| Address (P. O. Box, City) 22116 West Soledad Canyon Road, Saugus | | ZIP Code 91350 Telephone No. (805) 259-2241 |
| Previous Registration No. If Renewal 0800 | U. S. Environmental Protection Agency (EPA) Identification No. CAD064573K08 | NOTE: List additional EPA ID Nos. with their addresses (street and ZIP code) on a separate sheet of paper. |

OWNERSHIP OF FIRM (List all partners if a partnership; list corporate officers if a corporation.)

| Name | Position |
|----------------------------|---|
| Joseph F. Alibrandi | President & Chief Executive Officer |
| Harry S. Derbyshire | Exec. Vice President & Chief Financial Officer |
| Alan D. Jacobson | Sr. Vice President & Corporate Secretary |
| | |
| | |

FEES**VEHICLE AND CONTAINER INSPECTION FEES**

(Total from Application for Vehicle/Container Inspection)

\$250.00**VEHICLE FEES**

(If none, please initial statement below.)

FIRM REQUESTS VEHICLE FEE WAIVER BECAUSE THE GROSS ANNUAL REVENUE FROM THE HAULING OF HAZARDOUS WASTES DOES NOT EXCEED \$35,000.

 Written
Initials

X Douglas B Moore
REGISTRATION FEE**\$ 50.00****TOTAL FEES**

(Make check payable to DEPARTMENT OF HEALTH SERVICES)

\$300.00

I understand and will comply with the applicable requirements of Chapter 6.5, Division 20, of the California Health and Safety Code and Chapter 30, Division 4, Title 22, of the California Administrative Code.

I certify under penalty of perjury to the accuracy of all statements made herein.

| | |
|---|---------------------------|
| Name of Authorized Agent (Print or Type) Douglas B. Moore | Title President |
| Signature of Authorized Agent <i>Douglas B Moore</i> | Date 2/8/95 |

CERTIFICATE OF INSURANCE

| | | |
|---|--|---------------------------------------|
| Name of Insured WHITTAKER CORP./BERMITE DIV | Address 22116 W. SOLEDAD CANYON RD. SAUGUS, CA 91350 | Phone Number (805) 259-2241 |
| Name of Insurance Agency/Company JOHNSON & HIGGINS OF CALIF | Address 2029 CENTURY PARK EAST LOS ANGELES, CA 90067 | Phone Number (213) 552-5917 |

COVERAGE IN FORCE (The policies for which this certificate is issued provide insurance, as indicated by "X," for the limits shown for each accident.)

| | | | | | |
|---|-------------------------|--|--------------|--|--------------|
| <input type="checkbox"/> PRIMARY INSURANCE | Insurance Policy Number | | | | |
| Insurance Company Name | | Address | | Phone Number | |
| | | | | () | |
| For bodily injuries to or death of one person | \$ 1,000,000 | For bodily injuries to or death of all persons injured or killed (subject to the maximum listed above for bodily injuries to or death of one person) | \$ 1,000,000 | For loss or damage to property of others (excluding cargo) | \$ 1,000,000 |

| | | |
|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> PRIMARY INSURANCE-COMBINED SINGLE LIMIT | Insurance Policy Number | BCF 00 90 86 |
| Insurance Company Name INSURANCE COMPANY OF NORTH AMERICA | Address P.O. BOX 27706 HOUSTON, TX 77227-27 | Phone Number (713) 552-5300 |

For bodily injuries to or death of all persons injured or killed and for loss or damage to property of others (excluding cargo) \$

| | | |
|--|-------------------------|--------------|
| <input type="checkbox"/> EXCESS LIABILITY | Insurance Policy Number | |
| Insurance Company Name | | Phone Number |
| | | () |

For bodily injuries to or death of all persons injured or killed and for loss or damage to property of others (excluding cargo) for amounts in excess of the primary insurance shown above \$

CANCELLATION:

The insurance policies for which this certificate is issued are effective until canceled and may not be canceled until the Company has given ten (10) days notice in writing to the Toxic Substances Control Division of the California Department of Health Services at its office, 714 P Street, Sacramento, California 95814. Said ten (10) days to commence to run from the date the notice is actually received in the office of the Toxic Substances Control Division.

The certificate of insurance is filed with the Department of Health Services of the State of California, Toxic Substances Control Division, 714 P Street, Sacramento, CA 95814.

CERTIFICATION

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. The policies described herein provide Automobile Bodily Injury Liability and Property Damage Liability protection required for haulers of hazardous waste pursuant to the California Administrative Code, Title 22, Division 4, Chapter 30, "Minimum Standards for Management of Hazardous Wastes" with respect to the operation, maintenance, or use of any vehicle for which registration to haul hazardous waste is required by the Department of Health Services of the State of California, regardless of whether such vehicles are specifically described in the policy or not.

| | | |
|--|---------------------------------------|------------------------|
| Name of Person Signing (Print or Type) D.R. HIRSHORN | Title UNDERWRITING MANAGER | |
| Signature <i>D.R. Hirschorn</i> | Phone Number (713) 552-5300 | Date 3/14/85 |